



KEEP THE PROMISE COALITION
Community Solutions, *Not* Institutions!
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**Testimony before the Human Services Committee
March 8, 2011
In Favor of SB 297**

Good afternoon/evening Senator Representative and members of the Human Services Committee. My name is Cheri Bragg, Coordinator of the Keep the Promise Coalition, a statewide mental health advocacy Coalition dedicated to ensuring that a comprehensive, community mental health system is created and sustained in Connecticut.

The Coalition is in favor of SB 297, entitled "An Act Concerning an Amendment to the Medicaid State Plan under Section 1915(i) of the Social Security Act." This bill would require the Commissioner of Social Services to amend the Medicaid state plan under Section 1915(i) of the Social Security Act in order to improve access to home and community-based services by using needs-based eligibility criteria.

Improving access to home and community-based services based on need would be critical for many persons with mental illness who are currently residing in nursing facilities or other institutions or who are at risk for entering those facilities or institutions because once they enter these types of living situations, they frequently get "stuck" there.

Current waiver efforts have been helpful. However, they are only beginning to address the large number of people in need of community-based services. When Connecticut closed two of its large state psychiatric hospitals in the mid-1990's, a time period when youth with behavioral health needs were largely treated in residential settings, the state promised to invest in a comprehensive, community mental health care system to support adults and children with mental health needs in the community. This promise has not been kept as evidenced by the large number of people who today languish in inpatient settings, residential settings, nursing facilities, prisons and jails, or who cycle in and out of emergency care or homelessness rather than benefiting from timely, preventive/early intervention care in their communities.

Further complicating efforts is the fact that many older adults and people with disabilities that could be served in the community cannot access the services they need within the narrow parameters of individual waivers. The most effective and cost-effective way to

serve people is to provide the services the individual needs regardless of age, disability or diagnosis. The services should match the needs, NOT individual waiver definitions. People commonly do not neatly fit into individual waiver parameters. An example would be a person with mental illness who is an older adult. If the person will only accept use of the older adult waiver, they are eligible for some mental health services, but perhaps not ALL of the services that would increase likelihood of success in the community such as peer services, etc. Again, the services should be tailored to the individual's needs in order to support an individual's best chances for success in the community.

The Coalition strongly supports SB 297 and any efforts to increase cost-effective, community-based mental health care and related supports for youth and adults in Connecticut.

Thank you for your time. I would be happy to answer any questions you might have.